

## Corres. and Mail BOX AF

PATENT S.N. 10/019,323 0796/66435 3 AF 2882

## IN <u>THE UNITED STATES PATENT AND TRADEMARK OFFICE</u>

Applicants

Vjatcheslav Tretiakov et al.

Serial No.

10/019,323

Filing Date

June 7, 2002

For-

DIGITAL X-RAY SCANNING APPARATUS

Group

2882

Examiner

Allen C. Ho

Confirmation No.:

6256

Mail Stop AF COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment to the above-identified application.

 $\underline{X}$  Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

\_\_\_\_ No additional fee is required.

The filing fee is calculated as follows:

	NUMBER		HIGHEST		NUMBER OF		RATE FEE				
	AFTER AMEND- MENT		NUMBER PREVIOUSLY PAID FOR		EXTRA CLAIMS PRESENTED		SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	
Total Claims	11	1	* 20	=	*** 0	x	9	18	=	\$0	\$0
Indepen- dent Claims	7	-	** 7	II	*** 4	х	44	88	=	\$0	\$0
Multiple Dependent Claims Presented Yes For First Time:					X No		150	300	=	\$0	\$0
ESHE1 00000155 033125 10019923						TOTAL ADDITIONAL FEE			\$0	\$0	

10/19/2004 SSESHE1 00000155 033125 1001992

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Amendment Transmittal Letter Page 2

- \*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- \*\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- \*\*\*If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

amendment or the number of claims as originally filed.

\_\_\_\_\_ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$\_\_\_.

Three copies of this sheet are enclosed.

\_\_\_\_\_ Applicant hereby petitions for a three- month extension. Our check in the amount of \_\_\_\_\_ is enclosed.

\_\_\_\_\_ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. \_\_\_\_\_ 03-3125\_\_. Two copies of this sheet are enclosed.

\_\_\_\_\_ Any additional fees under 37 C.F.R. §1.16 for the presentation of extra claims.

\_\_\_\_\_ X\_\_\_ Any patent application processing fees under 37 C.F.R.

"The HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent)

is the highest of the "NUMBER AFTER AMENDMENT" in any prior

Respectfully submitted,

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§1.17.